

CSM/CPM Certification Request

Please **print** your name as you would like it to appear on your certificate.

Your MELMS Identification Number: _____

Your telephone #: (_____) ____ - ____ X _____

I will be receiving: CSM designation _____ CPM designation _____

Do you plan to attend the graduation ceremony? YES ____ # attending* ____
NO ____

According to your records, have you completed all requirements for the certificate listed above?

YES ____ Completion Date of Last Activity: _____

NO ____ If "NO", list type of activity (ex. book report, elective class, etc.) and anticipated completion date(s). _____

*Please note that we welcome your spouse, family, and supervisor to attend the ceremony and short reception immediately following. An invitation will be sent to your agency director by the MCPM Program.

PLEASE SEND FORM TO:

Attn: Jennifer Sledge, MCPM Program Director
SPB Training Center
(601) 359-2717 or
jsledge@spb.state.ms.us

Please contact the MCPM Program Director at (601) 359-4115, if you have any questions about certification requirements or graduation.